

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

64/668 266

FILING DATE

09-22-00

APPLICANT(S)

Robinson et Al.

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			5	5		
2						
3						
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5						
6						
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15						
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20			1			
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23			1			
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26			1			
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28						
29			1			
30						
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32						
33						
34			1			
35						
36						
37						
38						
39						
40						
41			1			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			6			
TOTAL DEP.			36			
TOTAL CLAIMS			42			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS